

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 8420084216.5)

Type or print in Ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/07
through 12/31/07

Date of election if applicable (Month, Day, Year)
2008

Date Stamp
RECEIVED
JAN 24 PM 4:02
CITY CLERK CITY OF LODI

CALIFORNIA FORM 460
Page 1 of 5
For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|--|---|
| <input type="checkbox"/> Officeholder Candidate Controlled Committee
<input type="radio"/> State Candidate/Election Committee
<input type="radio"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> Controlled
<input type="radio"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee
<input checked="" type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Lodi Firefighters PAC

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

P.O. Box 1841

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95241

OPTIONAL: FAX E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Evan Luke

MAILING ADDRESS

P.O. Box 1841

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi, CA 95241

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX E-MAIL ADDRESS

4. Verification


I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/21/08
Date

Executed on
Date

Executed on
Date

Executed on

By 
Signature of Treasurer or Assistant Treasurer

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lodi Firefighters PAC

Statement cover period from 7/1/07 through 12/31/07	CALIFORNIA FORM 460 Page 2 of 5 I.D. NUMBER 96-2479
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Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 10184.00	\$ 13735.00
2. Loans Received	Schedule A, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 10184.00	\$ 13735.00
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 10184.00	\$ 13735.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 1887.17	\$ 7404.88
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 1887.17	\$ 7404.88
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 70	\$ 1887.17	\$ 7404.88

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 3935.26
13. Cash Receipts	Column A, Line 3 above	10184.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	1887.17
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 12232.09

If this is a termination statement, line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 12	\$
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	5
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	111 through 6/30	7/1 to Date
D. Contributions Received	\$	\$
1. Expenditures Made	\$	\$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$
____/____/____	\$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Type or print in Ink
Amount. may be rounded
to whole dollars.

SCHEDULE A

Statement cover period from 711107 through 12/31/07	CALIFORNIA FORM 460
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Lodi Firefighters PAC

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/27/07	Lodi Firefighters PAC P.O. Box 1841 Lodi, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2663.25	6214.25	
	Lodi Firefighters PAC P.O. Box 1841 Lodi, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2864.25	9078.50	
	Lodi Firefighters PAC P.O. Box 1841 Lodi, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4656.50	13735.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 10184.00

Schedule A Summary

- Amount received this period ☐ itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 10184.00
- Amount received this period ☐ unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 10184.00**

***Contributor Codes**
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule E Payments Made

Type or print in ink
Amounts may be rounded
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TEL

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pink October		Charity	1000.00
Lodi Adopt a Child Lodi, CA		Charity	100.00
Abundance Vineyards 21482 N Ray Rd Acampo, CA		Purchase of gifts	325.84
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTALS 1425.84

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	1530.03
2. Unitemized payments made this period of under \$100	\$	357.14
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6)	TOTAL \$	1887.17

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in Ink
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

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through	12/31/07	I.D. NUMBER	

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NAME OF FILER

NAME AND ADDRESS OF PAYEE	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Marie Callendan 2628 W March Ln Stockton, CA	MTG		104.19

• Payment, that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 104.19